

**BCC NAME** HOUSING AUTHORITY, BOARD OF COMMISSIONERS OF THE  
**COUNTY DEPARTMEN** HOUSING & COMMUNITY DEVELOPMENT **CONTACT PERSO** DARREN NEAL  
**PHONE NUMBER** (858) 694-8750 **MAILSTOP** 0231 **FAX NUMBER** (858) 694-4871

**E-Mail Address:**

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**MEMBER NAME** Cox, Greg, District 1 Supervisor  
**APPOINTMENT** **MO#** **EXPIRATION** **TERM** COINCIDE  
**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS**

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**MEMBER NAME** Horn, Bill District 5 Supervisor  
**APPOINTMENT** **MO#** **EXPIRATION** **TERM** COINCIDE  
**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS**

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**MEMBER NAME** Jacob, Dianne District 2 Supervisor  
**APPOINTMENT** **MO#** **EXPIRATION** **TERM** COINCIDE  
**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS**

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**MEMBER NAME** Marquez, Joy  
**APPOINTMENT** 5/13/2003 **MO#** 16 **EXPIRATION** 5/31/2005 **TERM** 2-YEARS  
**NOMINATED BY** HOUSING AUTHORITY TENANT **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** OVER 62 **COMMENTS** 1ST APPT. EFFECTIVE 6/1/3, CALL MS. KELLOGG 7-694-4874

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**MEMBER NAME** Ramirez, Lilia  
**APPOINTMENT** 5/13/2003 **MO#** 16 **EXPIRATION** 5/31/2005 **TERM** 2-YEARS  
**NOMINATED BY** HOUSING AUTHORITY TENANT **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS** 1ST APPT. EFFECTIVE 6/1/03, CALL MS. KELLOGG 7-694-4874

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**COUNTY DEPARTMEN** HOUSING & COMMUNITY DEVELOPMENT **CONTACT PERSON** DARREN NEAL  
**PHONE NUMBER** (858) 694-8750 **MAILSTOP** 0231 **FAX NUMBER** (858) 694-4871

**E-Mail Address:**

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**MEMBER NAME** Roberts, Ron District 4 Supervisor  
**APPOINTMENT** **MO#** **EXPIRATION** **TERM** COINCIDE  
**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS**

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**MEMBER NAME** Slater-Price, Pam District 3 Supervisor  
**APPOINTMENT** **MO#** **EXPIRATION** **TERM** COINCIDE  
**NOMINATED BY** BOARD OF SUPERVISORS **APPOINTED BY** Board of Supervisors  
**REQUIREMENT** **COMMENTS**